

# APPLICATION FOR DEMOLITION PERMIT (Building Permit also required)

Georgetown Charter Township  
1515 Baldwin St, P.O. Box 769  
Jenison, MI 49429  
616-457-2340

revised: January 26, 2009

## APPLICANT INFORMATION

COMPANY NAME:	PHONE:
APPLICANT NAME:	BIRTHDATE:
ADDRESS:	CITY / STATE / ZIP:

## PROPERTY INFORMATION

COMPANY NAME:	PHONE:
OWNER / AGENT NAME:	TITLE:
ADDRESS:	CITY / STATE / ZIP:
PARCEL NUMBER:	ZONING DISTRICT:

## PROJECT INFORMATION

DEMOLITION TO START:	DEMOLITION TO END:
IS A BOND REQUIRED:	IF YES, WHAT IS THE AMOUNT:
KIND OF DEMOLITION THAT WILL BE USED:	

## PERMIT INFORMATION

### SEC. 3.13 DEMOLITION PERMITS

NO BUILDING SHALL BE RAZED UNTIL A PERMIT HAS BEEN OBTAINED FROM THE ZONING ADMINISTRATOR WHO SHALL BE AUTHORIZED TO REQUIRE A PERFORMANCE BOND IN SUCH AMOUNT ACCORDING TO A SCHEDULE AS DETERMINED BY THE TOWNSHIP BOARD. SUCH BOND SHALL BE CONDITIONED ON THE APPLICANT COMPLETING THE RAZING WITHIN A REASONABLE PERIOD AS PRESCRIBED IN THE PERMIT AND COMPLYING WITH SUCH REGULATIONS AS TO HEALTH AND SAFETY AS THE ZONING ADMINISTRATOR FROM TIME TO TIME PRESCRIBES, INCLUDING FILLING EXCAVATIONS AND PROPER TERMINATION OF UTILITY CONNECTIONS.

## APPLICANT SIGNATURE

I EITHER OWN THIS PROPERTY OR HAVE THE OWNER'S PERMISSION TO ASK FOR ACTION ON THIS PROPERTY. I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF ALL LOCAL ORDINANCES. ALL EXCAVATION WILL BE FILLED BY COMPLETION DATE AND ALL DEBRIS REMOVED. THE SITE WILL BE PROTECTED FROM TRESPASSERS. ALL UTILITIES WILL BE DISCONNECTED BY PROPER AUTHORITIES. THE PERMITEE SHALL COMPLY WITH ALL FEDERAL AND STATE STATUTES AND REGULATIONS WITH RESPECT TO THE REMOVAL, DISPOSAL OR TREATMENT OF HAZARDOUS AND NON-HAZARDOUS MATERIALS AND/OR SUBSTANCES LOCATED ON THE SITE, INCLUDING, BUT NOT LIMITED TO, SUCH STATUTES AND REGULATIONS PERTAINING TO THE CHARACTERIZATION AND DISPOSAL OF EXCAVATED SOILS. BY SIGNING I ACKNOWLEDGE THERE ARE NO REFUNDS FOR ANY REASON. BY SIGNING, PERMISSION IS GRANTED FOR THE TOWNSHIP STAFF TO ENTER THE SUBJECT PROPERTY FOR PURPOSES OF AN INSPECTION.

APPLICANT SIGNATURE:	DATE:
----------------------	-------

## FOR OFFICE USE ONLY

APPROVAL SIGNATURE:	CONDITIONS:
---------------------	-------------

